

3 6M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Miami, County Dade No. St.
(Registration District)

SEX OF CHILD <u>Female</u>	Twin Triplet or other?	and	Number* in order of birth
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DATE OF BIRTH* Nov 7 1923
(Month) (Day) (Year)

FULL NAME Jose Urena FATHER

FULL MAIDEN NAME Teresa Velasquez MOTHER

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar

I HEREBY CERTIFY that the child described herein has
been named

Juana Urena
(Give name in full) (Surname)

Teresa Velasquez ✓
(Parent's Signature)

Cyril M. Brown M.D.
(Signature of Physician or Midwife)

Form X

141-507-359